

CHILD RECORD – SHELTER CARE FACILITIES

Use of form: Use of this form is mandatory to comply with HFS 59.07(1)(a). Failure to comply may result in issuance of a noncompliance statement. Personally identifiable information gathered on this form will be used only to verify compliance with licensing rules.

Instructions: Upon admitting a child into shelter care, shelter care staff shall obtain the following information from the child, law enforcement personnel, and if possible, the child's parents. If additional space is needed, attach separate sheet(s).

A. CHILD INFORMATION

Name (include any alias) 59.07(1)(a)(1).

Gender 59.07(1)(a)1.

☐ Male ☐ Female

Birthdate (mm/dd/yyyy) 59.07(1)(a)2.

Date of Placement (mm/dd/yyyy) 59.07(1)(a)4.

Alleged offense 59.07(1)(a)6.

Religious preference 59.05(9)

Name – School 59.07(1)(a)11.

Current Level

Immediate previous living arrangement 57.09(1)(a)11.

B. CHILD'S MEDICAL INFORMATION

Name – Physician to be called in an emergency 59.07(1)(a)7.

Telephone Number

Name – Dentist 59.05(13)(c)

Telephone Number

Allergies, including allergies to food or medication 59.07(1)(a)8.

Special care requirements 59.07(1)(a)8.

Chronic ailments 59.05(13)(b)

Special diets 59.05(13)(b)

Medical treatments received while in care and dates of each 59.07(1)(a)8. Attach documentation.

C. PERSON / AGENCY LEGALLY RESPONSIBLE FOR THE CHILD 59.07(1)(a)5.

Name – Person / Agency

Telephone Number

Address (Street, City, State, Zip Code)

D. PARENT OR GUARDIAN 59.07(1)(a)9.

Name – Person / Agency

Telephone Number

Address (Street, City, State, Zip Code)

Name – Person / Agency to be notified in an emergency 59.07(1)(a)3.	Telephone Number
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E. DISCHARGE INFORMATION

Date of Release (mm/dd/yyyy) 57.09(1)(a)12.	Destination 57.09(1)(a)12
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